



# OSSTEM Implant Co., Ltd.

#507-8 Geoje3-Dong Yeonje-Gu Busan, 611-804 Republic of Korea  
Tel: +82 51 850-2500 Fax: +82 51 850-4341 www.osstem.com

SEP - 8 2008

## 510(k) Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with requirements of 21 CFR Part 807.92.

Date: February 21, 2008

### 1. Company and Correspondent making the submission:

- Submitter's Name : OSSTEM Implant Co., Ltd.  
- Address : #507-8 Geoje3-Dong Yeonje-Gu  
Busan, 611-804, Republic of Korea  
- Contact : Mr. JongHyuk Seo

### 2. Device :

Trade or (Proprietary) Name : MS System (Narrow Ridge)  
Common or usual name : Dental Implant  
Classification Name : Endosseous Dental Implant  
21CFR872.3640  
Class II  
DZE

### 3. Predicate Device :

Zimmer One-Piece Implants, Zimmer Dental Inc. (K071235).  
NobelDirect® 3.0, Nobel Biocare USA LLC. (K070857)  
MS System (Denture), OSSTEM Implant Co., Ltd. (K072959)

### 4. Description :

The MS System (Narrow Ridge) is a dental implant made of Ti-6Al-4V metal.

The MS System (Narrow Ridge) is similar to other commercially available products based on the intended use, the technology used, the claims, the material composition employed and performance characteristics. The surface treatment of MS System (Narrow Ridge) is of R.B.M (Resorbable Blasting Media).

The MS System (Narrow Ridge) is substantially equivalent in design, function and intended use to the Zimmer One-Piece Implants of Zimmer Dental Inc, (K071235), NobelDirect® 3.0 of Nobel Biocare USA LLC, (K070857) and MS System (Denture) of OSSTEM Implant Co., Ltd, (K072959)



## **OSSTEM Implant Co., Ltd.**

#507-8 Geoje3-Dong Yeonje-Gu Busan, 611-804 Republic of Korea  
Tel: +82 51 850-2500 Fax: +82 51 850-4341 www.osstem.com

---

### **5. Indication for use :**

The MS System (Narrow Ridge) is intended to use in the treatment of missing mandibular central and lateral incisors to support prosthetic device, such as artificial teeth, in order to restore chewing function in partially edentulous patients. MS System (Narrow Ridge) are intended for single use only.

### **6. Review :**

The MS System (Narrow Ridge) has similar material, indication for use, design and technological characteristics as the predicate device.

The MS System (Narrow Ridge) has been subjected to safety, performance, and product validations prior to release. Safety tests including biocompatibility have been performed to ensure the devices comply with the applicable International and US regulations.

### **7. Conclusion :**

Based on the information provided in this premarket notification Osstem concludes that the MS System (Narrow Ridge) is safe and effective and substantially equivalent to the predicate device as described herein



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

SEP - 3 2008

OSSTEM Implant Company, Limited  
C/O Mr. MinJoo Kim  
Manager  
Osstem, Incorporated  
One Ben Fairless Drive  
Fairless Hills, Pennsylvania 19030

Re: K080594  
Trade/Device Name: MS System (Narrow Ridge)  
Regulation Number: 21CFR 872.3640  
Regulation Name: Endosseous Dental Implant  
Regulatory Class: II  
Product Code: DZE  
Dated: July 25, 2008  
Received: July 29, 2008

Dear Mr. Kim:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Chiu Lin, Ph.D.", with a stylized flourish at the end.

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure



Osstem, Inc.  
One Ben Fairless Dr. Fairless Hills, PA 19030  
Tel: 215.736.2990 / Fax: 215.736.2993  
www.osstem.com

K 0805 94

Attachment III

## Indications for Use statement

510(k) Number K \_\_\_\_\_

Device Name: MS System (Narrow Ridge)

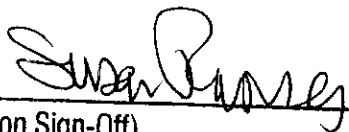
Indication for use : The MS System (Narrow Ridge) is intended to use in the treatment of missing mandibular central and lateral incisors to support prosthetic device, such as artificial teeth, in order to restore chewing function in partially edentulous patients. MS System (Narrow Ridge) are intended for single use only and not for immediate loading.

Prescription Use X OR Over-The-Counter Use .

(Per 21CFR801 Subpart D) (Per 21CFR807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)

Division of Anesthesiology, General Hospital  
Infection Control, Dental Devices

510(k) Number: K 0805 94